

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 14 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **S92752** (2)
1. Corporation Name
ELREHA CONTROLS CORPORATION

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|--|---|
| Principal Place of Business 2510 TERMINAL DR S ST PETERSBURG FL 33712 US | Mailing Address 2510 TERMINAL DR S ST PETERSBURG FL 33712-1669 US |
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|---|------------------|---------------------|-------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 11/06/1991 | 3a. Date of Last Report 04/30/1996 |
| 21. Suite, Apt. #, etc. | 22. City & State | 23. Zip | 24. Country | 4. FEI Number 59-3109995 | Applied For <input type="checkbox"/> Not Applicable |
| 25. Suite, Apt. #, etc. | 26. City & State | 27. Zip | 28. Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 29. Suite, Apt. #, etc. | 30. City & State | 31. Zip | 32. Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |

HAMADEH, AHMAD
2510 TERMINAL DRIVE SO
ST. PETERSBURG FL 33712

| | |
|--|--------------|
| 81. Name | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. City | FL |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-97

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PS HAMED, ABUL 2510 TERMINAL DR S ST. PETERSBURG FL | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | V HAMED, AHMAD 2510 TERMINAL DR S ST. PETERSBURG FL | 1.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 1.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY- ST- ZIP | | 1.4 CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 2.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY- ST- ZIP | | 2.4 CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 3.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY- ST- ZIP | | 3.4 CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 4.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY- ST- ZIP | | 4.4 CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 5.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY- ST- ZIP | | 5.4 CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 6.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY- ST- ZIP | | 6.4 CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97

Daytime Phone

0377772

CR2E034 (9/96)